2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P01000075425

Entity Name: ATEX INC.

Current Principal Place of Business:

5405 CYPRESS CENTER DRIVE
SUITE 200
TAMPA, FL 33609 US

New Principal Place of Business:

410 N. WICKHAM ROAD
SUITE 100
MELBOURNE, FL 32935 US

Current Mailing Address:

ATTN: LAUREN CAREY
5 BURLINGTON WOODS DRIVE, SUITE 100
BURLINGTON, MA 08103 US

New Mailing Address:

FEI Number: 59-3736059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: W. EDWARD HAND, ASSISTANT SECRETARY MAC298 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: HAWKINS, JOHN
Address: 5 BURLINGTON WOODS DRIVE, STE. 100
City-St-Zip: BURLINGTON, MA 01803 US

Title: DIR ( ) Delete
Name: DAVID, GIBBON
Address: 5 BURLINGTON WOODS DRIVE, STE. 100
City-St-Zip: BURLINGTON, MA 01803

Title: DIR ( ) Delete
Name: ROESSLER, SCOTT
Address: 410 N. WICKHAM ROAD, SUITE 200
City-St-Zip: MELBOURNE, FL 32935 US

Title: CFO ( ) Delete
Name: DAVID, GIBBON
Address: 5 BURLINGTON WOODS DR., STE. 100
City-St-Zip: BURLINGTON, MA 01803 US

Title: ASEC ( ) Delete
Name: CONEENY, CYNTHIA
Address: 5 BURLINGTON WOODS DR., STE. 100
City-St-Zip: BURLINGTON, MA 01803 US

Title: SEC ( ) Delete
Name: PETER, MARSH
Address: 5 BURLINGTON WOODS DR. STE. 100
City-St-Zip: BURLINGTON, MA 01803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA CONEENY ASEC 04/30/2009
Electronic Signature of Signing Officer or Director Date